vision of rates of Nursing Allowance, Washing Allowance and Uniform Allowance w.e.f. 1-7-1987 after passing the Resolution to this effect and his revision has been done on the analogy of similar orders passed by the Delhi Administration from a prospective date.

Schools at Vasant Vihar, New Delhi

1880. SHRI K. VASUDEVA PAN. CKER: Will the Minister of HUMAN RESOURCE DEVELOPMENT be pleased to refer to answer io the Un starred Question 246 given in tin Rajya Sabha on the 25th February, 1987 and state:

(a) whether it is a fact that no school has yet been opened in Vasant Vihar Government colony so far;

(b) if so, what are the reasons therefor; and

(c) what steps are being taken in the matter?

THE MINISTER OF STATE IN THE DEPARTMENTS OF EDUCA TION AND CULTURE IN THE MT NISTRY OF HUMAN RESOURCE DEVELOPMENT (SHRIMATI KRI SHNA SAHI): (a) As per Delhi Ad ministration, a sanction has been is sued on 30-7-87 for opening of a school j in Vasant Vihar, New Delhi, from the session, 1987-88.

(b) and (c) Do not arise.

Functioning of primary health centres and sub-centres

1881. SHRI KRISHNA KUMAR BIEiLA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) what is the Central machinery, i* any. to monitor the working of and to know the deficiencies in the primary health centres and sub-centres fa various States in the country; '

(b) whether any assessment with regard to their working hag been made by the Government recently;

(c) if so, what is the percentage of the posts of the doctors lying vacant in the primary health centres, State-wjse and what :s the period for which these posts are lying vacant;

(d) how many primary health centres do not have proper build ings adequate staff and other facili ties; and

(ej in what manner Government propose to achieve 'health for all" by 2000 AD in the 1'ght of the prevailing conditions?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) Monitor ing of the working of the Primary Health Centres and Sub-centres in various States is an activity of the State Govts. under the Minimum Needs Programme. By co-ordinating with the Planning Commission Central Government provides technical and financial support to meet the training requirements of various categories of staff and medicines for the Sub-centres established after 1-4-1981. Progress of infrastructure development as intimated by the State Govt, is also reported to the Ministry of Programme Implementation.

(b) The following studies have been undertaken regarding the utilisation of services of PHCs:

(i) Reasons for under-utilisation of public health services conducted by Operations Research Group, Baroda, under the Task Force Programme of I.C.M.R. covering the States of Kerala, Gujarat and Bihar.

(ii) A study on Rural Health Care and Health Manpower conducted by the Institute of Applied Manpower Research in Bulandshar District in Uttar Pradesh (1984).

(iii) Studies conducted by the Indian Institute of Management, Ahmedabad, in September, 1985 on the Facility, Utilisation and Management of Family Welfare Programme in Bihar, Madhya Pradesh, Eiajasthan and Uttar Pradesh.

(iv) A comparative study conducted by O.B.G., Baroda, regarding quality of services in Rural India undertaken in th© States of Bihar, Gujarat and Himachal Pradesh (1986).

(c) The State-wise position regarding doctors at Primary Health Centres as on 15-7-1987 is at Statement-I. (See Appendix CXLIII, Annexdre P6]

(d) A large number of primary health centres have been established during the 7th Plan and efforts are afoot to provide adequate building at these places. However, provision for rental accommodation has been made at present.

Statements showing IState-wise position of Medical Officers, Pharmacists and laboratory technicians who are essentially required to provide primary health care at the primary health centre level and buildings for PHCS are given in the Statement-II and III. *(See* Appendix CXLIII, Annexure 87].

(e) All efforts are being made to achieve the goal of 'Health for All by 2000 AD'. In this respect, the following steps have been initiated: -

(1) A scheme for providing one Health Guide for an average of 1000 rural population.

(2) A scheme for providing at least one trained dai in every village.

(3) A scheme for providing a sub-centre with one male and one female multipurpose worker for every 5000 rural population in general and for every 3000 population in tribal and hilly areas.

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(4) A scheme for upgrading existing rural dispensaries into Primary Health Centres and establishing new primary health centres so as to ultimately have one primary health centre for every 30,000 rural population in general and for every 20,000 population in tribal and hilly areas.

(5) Creating facilities for treatment in basic specialities at upgraded PHCs/Community Health Centres to be established in a phased manner for every 1 lakh of rural population, serving as referral institution for every 4 Primary Health Centres.

(6) Making other schemes for integrated health services to cover among other things, maternal and child health, immunisation, family welfare services, control of malaria, blindness, tuberculosis, laprosy and other communicable diseases, prophylaxis against Vitamin 'A' deficiency and anaemia, health education and patient care.

Violation of the drug roles

1882. SHEiIMATl RATAN KUMARI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state;

(a) whether it is a fact that Drugs Controller (India) is not exercising any control on the actual use of bulk drugs imported by manufacturers to make their own formulations;

(b) whether the sale of these imported bulk drugs by the manufacturers is resulting in large scale violation of Drugs Rules; and

(c) what steps have been contemplated for the remedy to this lacuna?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (c) The control over the provisions of the Drugs &nd Cosmetics Act and Rules